Dermatology – Antifungals, Topical

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DD – Drug-Drug Interaction	MD – Maximum Dose Limit	TD – Therapeutic Duplication
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DS Maximum Days' Supply Allowed	PR – Enrollment in a Physician- Supervised Program Required	UN – Drug Use Not Warranted
BY – Diagnosis Codes Bypass Some Requirements	DT – Duration of Therapy Limit	PU – Prior Use of Other Medication is Required	X – Prescriber Must Have 'X' DEA Number
CL – Additional Clinical Information is Required	DX – Diagnosis Code Requirement	QL – Quantity Limit	YQ – Yearly Quantity Limit
CU – Concurrent Use with Other Medication is Restricted	ER – Early Refill	RX – Specific Prescription Requirement	

Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana 1-855-242-0802 AmeriHealth Caritas Louisiana 1-800-684-5502 Fee-for-Service (FFS) Louisiana Legacy Medicaid 1-866-730-4357 Healthy Blue 1-844-521-6942 Louisiana Healthcare Connections 1-888-929-3790

UnitedHealthcare 1-800-310-6826

${\bf Dermatology-Antifungals, Topical}$

POS Edits				
	Quantity Limits for Selected Topical Antifungals			
	Medication	Quantity Limit		
	Ciclopirox Olamine 0.77% Suspension	60ml per 30 days		
QL – Selected agents have quantity limits as listed in the chart to	Econazole Nitrate 1% Cream	85gm per 30 days		
the right.	Ketoconazole 2% Shampoo	120ml per 30 days		
Requests to override the Quantity Limit should follow THIS CRITERIA.	Ketoconazole 2% Cream	60gm per 30 days		
	Nystatin 100,000 units/gm Cream	60gm per 30 days		
	Nystatin 100,000 units/gm External Powder	120gm (Two 60gm bottles) per 30 days		
	Nystatin 100,000 units/gm Ointment	60gm per 30 days		

Revision / Date	Implementation Date
Created POS Document	February 2020
Added quantity limits for ciclopirox suspension, econazole cream, ketoconazole shampoo/cream, nystatin cream/external powder/ointment, updated age for BH in POS Abbreviations chart / September 2020	January 2021